



PATENT  
450117-02749

8/30/04  
1/30/04  
8/30/04

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) Jens WILDHAGEN

Serial No. : 09/691,711

For : DIGITAL STEREO DEMULTIPLEXER

Filed : October 18, 2000

**RECEIVED**

Examiner : Khanh C. Tran

JAN 29 2004

Art Unit : 2631

Technology Center 2600

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 22, 2004.

Dennis M. Smid, Reg. No. 34,930  
(Name of Applicant, Assignee or Registered Representative)

Signature

January 22, 2004

Date of Signature

**AMENDMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of October 24, 2003, please amend this application as follows.



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Examiner : Khanh C. Tran  
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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.  
 The fee has been calculated as shown below.  
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

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**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid , or is paid herewith .

This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of  additional claims \_\_\_\_\_ petition for extension of time.

Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

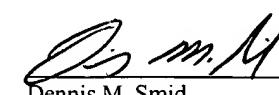
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Dennis M. Smid, Reg. No. 34,930

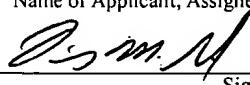
Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

By:

  
Dennis M. Smid  
Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

January 22, 2004

Date of Signature